

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT COURT OF NEW MEXICO

STATE OF NEW MEXICO <i>ex rel.</i>)	
State Engineer, <i>et al.</i> ,)	
)	
Plaintiffs,)	69cv07941-BB
)	
vs.)	RIO CHAMA ADJUDICATION
)	
ROMAN ARAGON, <i>et al.</i> ,)	Canjilon Creek, Section 3
)	CHCJ-003-0059B
Defendants.)	
)	

CERTIFICATE OF SERVICE

L. Christopher Lindeen, attorney for the Plaintiff State of New Mexico, states that pursuant to Fed. R. Civ. P. 4(c)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendant was served with process in the above-captioned matter. Service was made by certified mail addressed to the named Defendant. A copy of the Defendant's signature receipt is attached as an exhibit hereto.

<u>Defendant</u>	<u>Subfile</u>	<u>Date of Signed Receipt</u>
Zaqueo Salazar	CHCJ-003-0059B	October 16, 2006

Respectfully submitted,

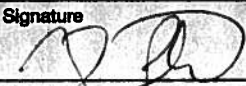
/s/ Chris Lindeen
L. Christopher Lindeen
Special Assistant Attorney General
New Mexico Office of the State Engineer
P.O. Box 25102
Santa Fe, NM 87504-5102
(505) 827-6150

I HEREBY CERTIFY on the 26th day of September 2007, I filed the foregoing electronically through the CM/ECF system and served the following non-CM/ECF participant in the manner indicated:

via first class mail, postage pre-paid, addressed as follows:

Zaqueo Salazar
P.O. Box 5217-USAFA
Colorado Springs, CO 80841

/s/ Chris Lindeen
L. Christopher Lindeen

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ZAQUEO SALAZAR P.O. Box 5217-USAFA Colorado Springs, CO 80841</p>		<p>B. Received by (Printed Name) Z. Salazar</p>	<p>C. Date of Delivery 10-16</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7004 0750 0003 8817 8264</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-15</p>	